



BOY SCOUTS OF AMERICA®

Unit Accident Plan





This brochure describes the Unit Accident Insurance Plan, arranged for you by the Boy Scouts of America which we recommend. Although Scouting programs are designed for safety, accidents may happen. This insurance program is designed to help meet the costs of medical care, paralysis, dismemberment and death. Claims involving medical and surgical treatment are payable on an Excess Insurance basis as described in this brochure.

Please review this brochure carefully to learn the facts about the plan, including its benefits and limitations, the enrollment and claim-handling procedures.

Eligibility

■ All registered youth (Tiger Cub Den, Cub Pack, Scout Troop, Varsity Team, Venturing Crew) must be insured. Leaders and committee persons, as a group, may be insured at their option.

■ New members added during the year are automatically covered under this plan until the renewal date with-

out additional premium. This includes leaders and committee persons, if insured.

■ Non-scouts, Non-scouters and guests attending scheduled activities for the purpose of being encouraged to become Scouts or leaders are automatically insured at no additional cost. Other guests are not covered.

Coverage

The insurance provides benefits, while the coverage is in force, for injuries to an insured person, anywhere in the world, while:

Unit Accident Insurance Plan



- **Participating** in an official Scouting activity, and
- **Traveling** to or from an official Scouting activity.

Effective

Coverage becomes effective on the date the enrollment form and annual premium payment are received by **Health Special Risk, Inc.**, or at a later date if requested.

Benefits

Accidental Death, * Dismemberment and Paralysis

When injuries to the Insured result in death or



dismemberment within one year from the date of the covered accident, and from loss which is independent of sickness and all other causes, the Company will pay as follows. In the event of multiple losses or death resulting from any one covered accident, only one benefit is payable ... the larger amount applicable.

*Includes loss of life resulting from Heart Failure

within 90 days from the date of participating in an approved Boy Scouts activity.

■ Life*	\$10,000
■ Both Hands or Both Arms	\$20,000
■ Both Feet or Both Legs	\$20,000
■ One Hand and One Foot	\$20,000
■ Both Eyes	\$20,000
■ One Limb and One Eye	\$20,000
■ One Hand or One Arm	\$5,000

Continued on the next page



■ One Foot or One Leg	\$5,000
■ Either Eye	\$5,000
■ Thumb and Index Finger	\$2,500
■ Speech and Hearing in Both Ears	\$10,000
■ Speech or Hearing in Both Ears	\$5,000
■ Hearing in One Ear	\$2,500

■ Up to \$20,000 for Paralysis

When injuries result in paraplegia, hemiplegia or quadriplegia commencing within 60 days after the covered accident and continuing for one year, the Company will pay \$10,000 for paraplegia or hemiplegia and \$20,000 for quadriplegia. **“Paraplegia”** means complete loss of function of the lower extremities of the body with involvement of both legs. **“Hemiplegia”** means complete loss of function of one side of the body with involvement of the arm and leg. **“Quadriplegia”** means complete loss of function of both the upper and lower extremities of the body with involvement of both arms and both legs.

Benefits for medical expenses, dental treatment and ambulance services

■ Up to \$15,000 for



Medical Expense Benefits

For each covered accident, benefits in the aggregate of up to \$15,000 are payable for medical or surgical treatment beginning within 60 days from the date of the accident, prescription drugs or for hospitalization or the exclusive services of a private duty nurse (RN or LPN). Benefits will be paid for expenses incurred for the usual and customary charges normally made within the geographic area where treatment is performed. Payment of benefits is subject to the Primary Excess Provision explained on the next page.

■ Up to \$5,000 for Dental Treatment

Pays for dental injuries, up to a total of \$5,000 for repair treatment and/or replacement of sound, natural teeth. If, within the

52-week period following the date of the covered accident, the Insured's attending dentist certifies that dental treatment and/or replacement must be deferred beyond such 52-week period, the Company will pay the estimated cost of such treatment; however, benefits shall not exceed a total of \$5,000. This benefit shall be paid in addition to any other benefit.

■ Up to \$6,000 for Ambulance Services Benefit

Pays for air ambulance service when, in the judgment of the duly authorized medical authority or the senior representative of the camp or activity, such service is needed to facilitate treatment of injuries and no other ambulance service is available.

Pays for professional ambulance service for sur-



face transportation to a hospital. These benefits shall be in addition to any other benefit payable under the terms of this plan.

Benefits for medical expenses, dental treatment and ambulance services are payable for services or treatment performed and supplies furnished within 52 weeks of the date of the covered accident. Treatment must begin within 60 days of the date of the accident.

■ **Excess Insurance Provision**

The Plan is an Excess Insurance Plan meaning that the Plan will pay all those eligible expenses incurred from a covered accident not paid by any other collectible insurance or pre-paid health plan in-force for you or a dependent child(ren). If no other collectible insurance or pre-paid health plans are in effect at the time of the loss, this plan

will pay all eligible covered expenses up to the plan limits. There is no deductible under this plan.

Also, coverage under this plan does not provide duplicate benefits when an insured member is also insured under another Boy Scout or Learning for Life plan for a national or regional sponsored camp or special event. This provision applies to all benefits offered under these plans, including Accidental Death & Dismemberment

■ **Specified injury benefits**

Injury maximum of up to \$35,000 will be paid for medically necessary treatment due to the following specified injuries:

- (a) loss of sight in both eyes;
- (b) dismemberment (see above);
- (c) paralysis;
- (d) irreversible coma;
- (e) entire loss of speech;
- (f) loss of hearing in both ears.

“Irreversible Coma” means: (a) state of unconsciousness in which there is a cessation of activity in the central nervous system as demonstrated by an electroencephalogram (using criteria established by the American Electroencephalography Society); and (b) a

diagnosis of brain death by the attending Legally Qualified Physician.

■ **Weekly Disability Indemnity Benefits**

All adult leaders 21 years of age or older (18 years if an Assistant Scoutmaster, Assistant Den Leader, Assistant Cub Master, or Assistant Webelo Den Leader) are eligible for this benefit.

When covered injuries result in Total Disability beginning within seven (7) days after the date of an accident, the Company will pay benefits for one day or more during such Total Disability at the rate of \$200 for each full week, not to exceed 52 weeks for any one covered accident.

Benefits begin on the date of the first medical treatment during Total Disability.

Total Disability means an insured member:

- (1) if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and
- (2) if not employed, cannot perform the normal

and customary activities of a healthy person of like age and sex.

EXCLUSIONS: The policy does not cover: (a) the cost of medical or surgical treatment or nursing service rendered by any person employed or retained by the Boy





Scouts of America or Learning for Life or by any immediate family or member of the insured person's household; (b) loss caused by suicide or any attempted suicide; (c) loss caused by intentionally self-inflicted injuries; (d) eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them or replacement thereof; (e) loss caused by war or any act of war, whether declared or not; (f) dental treatment or dental X-rays, except for injuries to sound, natural teeth; (g) treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances; (h) Injury paid or payable by worker's compensation, Employer's Liability Laws or similar occupational benefits.

Cost

The annual cost is \$.74 for each Tiger Cub and each parent, \$.74 for each Cub, \$1.66 for each Scout or Varsity Scout and \$2.26

for each Venturer. (Leaders pay the same rate as the unit they represent.) There is a \$20.00 minimum annual premium required to secure coverage.

Premium for youth and leaders is to be calculated on the basis of 100% of the membership of the unit, using the appropriate rate from above.

How to enroll

Complete the attached enrollment form. One enrollment form should be completed for each unit to be insured.

Make your check or money order for the annual premium payment payable to **Health Special Risk, Inc.** Do not send cash or stamps.

Mail your completed enrollment form and annual premium payment to

Health Special Risk, Inc. at least two weeks prior to the desired effective date.

Coverage becomes effective on the date the enrollment form and annual premium payment are received by Health Special Risk, Inc., or at a later date if requested.

A Description of Coverage and claim forms will be mailed to the person whose name is on the enrollment form following acceptance of the enrollment form.

Claim procedure

Notice of claims and all inquires regarding claims should be directed to:

Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007
Toll free: 1-866-726-8870

If claim forms are needed, call, email or write to **Health Special Risk, Inc.**

This booklet provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued to The Boys Scouts of America under policy number PTPN00327414. The policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Administered by
Health Special Risk, Inc.

HSR Plaza II
4100 Medical Parkway
Carrollton, TX 75007
Toll free: 1-866-726-8870
or fax 972-512-5832
or bsaenrollment@hsri.com

Important questions and answers about the plan

Q. What is an official Scouting activity?

A. An activity carried out by youths who are registered members under the approval and overall supervision of unit leaders, in keeping with the policies and standards of the BSA.

Q. Must leaders and committeemen be covered?

A. No. Coverage is optional. If elected, all must be insured, including Den Aides/Chiefs.

Q. What rate must leaders and committeemen pay for this insurance?

A. The same rate, which applies to the youth members, applies to them (i.e., Cubmasters \$.74; Scout or Varsity Leaders \$1.66; Venturing Advisors \$2.26).

Q. If new members join our unit after we have applied for the insurance, are they covered?

A. Yes. New members are automatically covered until the renewal date of your Description of Coverage as soon as their applications are processed. No additional premium is necessary.

Q. Are Tiger Cubs eligible for coverage?

A. Yes. When a Tiger Cub joins a pack, which has coverage in force, both he and his parent are automatically covered.

When a Cub Pack renews the insurance, all Tiger Cubs of the pack (including parents) must be insured. The rate is \$.74 for each Tiger Cub and \$.74 for each parent.

Q. What happens if the cub Pack they are affiliated with does not have this insurance?

A. Tiger Cub Dens will still be allowed to enroll in the Unit Accident Insurance Program even though their Cub Pack is not insured. All Tiger Cubs and a parent for each must be insured.

Q. Are non-scouts covered?

A. Only non-scouts, non-scouters or guests who are being encouraged to become leaders or Scouts are auto-

atically covered at no extra cost while in attendance at a meeting or unit activity or while traveling as a group to or from such an activity. Other guests are not covered.

Q. Who applies for this insurance?

A. The unit leader or the unit leader's representative should apply for this insurance. Please refer



Q. For what period of time does coverage remain in force?

A. A Description of Coverage is issued for one year from the date the properly completed enrollment form and annual premium are received by Health Special Risk, Inc., or from the date requested, if it is later.

Health Special Risk, Inc.
HSR Plaza II
4100 Medical Parkway
Carrrollton, TX 75007
Toll free 1-866-726-8870
or fax 972-512-5832 or
bsaenrollment@hsri.com

Underwritten by
ACE American
Insurance Company
Philadelphia, Pennsylvania



UNIT ACCIDENT ENROLLMENT FORM

HSR ADMINISTRATIVE USE ONLY

DATE RECEIVED:

CHECK NUMBER:

DATE ENROLLED:

CONFIRMATION SENT:

HOW TO CALCULATE YOUR PREMIUMS

Please indicate number and check which applies:

	YOUTH	ADULT	TOTAL		
<input type="checkbox"/> Tiger Cubs	_____	+	_____	=	_____ X rate: \$.74 ea. \$ _____
<input type="checkbox"/> Cubs	_____	+	_____	=	_____ X rate: \$.74 ea. \$ _____
<input type="checkbox"/> Scouts	_____	+	_____	=	_____ X rate: \$1.66 ea. \$ _____
<input type="checkbox"/> Varsity Scouts	_____	+	_____	=	_____ X rate: \$1.66 ea. \$ _____
<input type="checkbox"/> Venturers	_____	+	_____	=	_____ X rate: \$2.26 ea. \$ _____

Total # _____ X Rate _____ = \$ _____ Due

NOTE: There is a \$20.00 minimum annual premium required to secure coverage.

The Description of Coverage and claim forms will be emailed to the Leader of the Unit to be insured listed below. Please be sure to include the Leader's email address in the space below. Please allow a minimum of 10 business days upon receipt by HSR for processing and issuing of the Confirmation of Coverage.

LEADER'S NAME _____ UNIT NUMBER _____

ADDRESS _____ TELEPHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ SECONDARY EMAIL ADDRESS _____

COUNCIL NAME _____ COUNCIL NUMBER _____

COUNCIL CITY _____ STATE _____ DESIRED EFFECTIVE DATE _____

Please enclose a check or money order payable and mail to:

Health Special Risk, Inc.

P.O. Box 674072

Dallas, TX 75267-4072

Toll-free: 1-866-726-8870 • bsaenrollment@hsri.com

PLEASE DETACH HERE AND RETURN WITH PAYMENT TO ADDRESS BELOW

